



Considerations for Conducting Vaccination Clinics in Michigan



As a community vaccinator in the State of Michigan, there are certain regulations and professional standards of practice you should be aware of. The State of Michigan follows the recommendations of the national Advisory Committee on Immunization Practices (ACIP). ACIP statements are official recommendations for the use of vaccines in the United States and are published by the Centers for Disease Control and Prevention (CDC).

ACIP Recommendations: www.cdc.gov/vaccines/recs/acip/default.htm

Standards of Practice: www.aimtoolkit.org/ - Click on each tab for age-specific standards of practice

Vaccine Storage and Handling

Correct vaccine storage and handling practices are critical to ensuring vaccine effectiveness. Community vaccinators must ensure that the vaccines they administer are stored and handled properly at all times. Storage units should be in good working order and able to maintain the appropriate temperatures. Certified, calibrated thermometers are recommended in both the refrigerator and freezer where vaccine is stored.

Written policies and procedures for vaccine management should include the following:

- Checking and recording the temperature twice a day
- Keeping a refrigerator and freezer temperature log
- Developing an emergency response plan for compromised vaccines. An emergency back-up plan in the event of power failure is also an essential element of vaccine storage.
- Ensuring vaccines are not stored in refrigerators with food or drinks
- Maintaining the temperature during transport and vaccination clinics at all times
 - Use properly insulated containers to transport vaccine. These containers should be validated to ensure that they are capable of maintaining the vaccine at the correct temperatures. CDC recommends using hard-sided plastic insulated containers or Styrofoam™ coolers with at least 2-inch thick walls.
 - If vaccine must be maintained in an insulated cooler during an off-site clinic, keep the cooler closed as much as possible.
 - CDC recommends vaccine temperatures should be checked and recorded hourly when vaccine is stored in a cooler.

Other considerations include inventory control to monitor vaccine expiration dates, adequate storage space, and placing vaccine shipments directly into the appropriate storage location as soon as they are delivered. All staff should be knowledgeable of correct storage and handling guidelines. Free immunization education sessions, including one on vaccine storage and handling, are available through the Immunization Nurse Education (INE) program.

To request the Vaccine Storage & Handling INE session for your staff, contact Carlene Lockwood at lockwoodc@michigan.gov

To view CDC's Vaccine Storage and Handling Toolkit, visit: www2a.cdc.gov/nip/isd/shtoolkit/splash.html

To learn more about vaccine storage and handling, visit: www.aimtoolkit.org

Administering Vaccines in Michigan

Appropriate vaccine administration is critical to vaccine effectiveness. The recommended site, route, and dosage for each vaccine are essential.

Written policies and procedures for vaccine administration should include the following:

- CDC does not recommend pre-filling syringes because of the potential for administration errors. The same person who draws vaccine should ideally be the person who administers it.
- Always administer vaccines by the correct route and site.
 - A 5/8 inch needle should be used for subcutaneous injections.
 - A 1 to 1.5-inch needle should be used when vaccines are given intramuscularly to children and adults.
 - Use professional judgment when selecting the needle length to ensure the vaccine will reach the desired tissue. Therefore, needle selection should be based on the intended route, size of the individual, volume, and injection technique.
 - When purchasing manufacturers' pre-filled syringes, ensure that the length of needle included is adequate for the population you plan to serve.
- Syncope has been reported after vaccination in adolescents. ACIP suggests that vaccine recipients sit or lie down for 15 minutes after immunization.
- The key to preventing serious adverse reactions is screening. All persons should be screened for contraindications and precautions before giving the vaccine dose. Effective screening is not difficult or complicated and can be accomplished with just a few questions.
- Any provider who administers vaccines should have procedures for the emergency care of a person who experiences an anaphylactic reaction. Epinephrine and equipment for maintaining an airway should be available for immediate use. All vaccine providers should be familiar with the emergency plan and should be certified in cardiopulmonary resuscitation.

All staff who administer immunizations should be knowledgeable in every aspect of vaccine administration including vaccine preparation, patient education, positioning, pain control, infection control measures and administration techniques. Public Health Code Act 368 Sections 333.9204 and 333.17707 of 1978 discusses staff who can administer vaccines in Michigan:

“A health professional other than a physician may administer an immunizing agent as long as the agent is being administered under the direction of a physician.”

- Standing orders are required from a Michigan-licensed physician who is responsible for the clinical practice of the vaccine operations.

The Vaccine Adverse Event Reporting System (VAERS) is a national safety surveillance program co-sponsored by the Food and Drug Administration (FDA) and CDC. All clinically significant adverse events that occur after vaccination should be reported to VAERS. Report these events even if you are unsure whether a vaccine caused them.

Free immunization education sessions, including one on vaccine administration, are available through the INE program.

To request the Vaccine Administration INE session for your staff, contact Carlene Lockwood at lockwoodc@michigan.gov

For screening questionnaires for children and adults, visit: www.aimtoolkit.org

For examples of standing orders for vaccine administration, visit: www.aimtoolkit.org

For sample protocols for medical management of vaccine reactions, visit: www.aimtoolkit.org

For more information on the Vaccine Adverse Event Reporting System, visit: <http://vaers.hhs.gov/>

Vaccine Information Statements

Vaccine Information Statements (VIS), produced by CDC, explain both the benefits and risks of a vaccine to vaccine recipients, their parents, or their legal representatives.

- Federal law requires that VIS be handed out whenever vaccinations are given.
- Michigan law (Public Health Code Act 91 of 2006) requires that parents/vaccinees must be informed that their vaccination information will be entered into the Michigan Care Improvement Registry (MCIR).
- It is important that vaccine recipients, their parents, or legal representatives be given the Michigan versions of VIS because they include important information about MCIR. VIS obtained from sources other than MDCH or local health departments do not contain information about MCIR.

Michigan-specific VIS can be obtained from your [local health department](#) or downloaded at: www.michigan.gov/immunize

Documenting Vaccines Administered in Michigan

All federal guidelines regarding the documentation of vaccines should be followed. As a vaccinator in a community setting you are aware that many people receive immunizations from multiple providers. Without access to accurate patient immunization records, primary care and other providers find it difficult to determine which vaccines their patients still need. MCIR was created to collect reliable immunization information and make it accessible to authorized users online. Considerations when documenting vaccines administered in Michigan include the following:

- Public Health Code Act 91 of 2006 requires that all immunization providers report childhood immunizations (those less than 19 years of age) to the MCIR within 72 hours of administration. Reporting of adult immunizations to MCIR is highly encouraged.
- Michigan Public Health Code (Public Health Code Act 368 Section 333.9206) requires immunization providers to give a record of the vaccines administered to the parent/vaccinee. This certificate should be in a form approved by the Michigan Department of Community Health. Immunization record cards for children and adults can be obtained through your [local health department](#) or the Michigan Department of Community Health. An official immunization record may also be printed from MCIR.
- Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for their specific requirements.

Free immunization education sessions, including one on documenting vaccines, are available through the INE program.

To request the Documentation INE session for your staff, contact Carlene Lockwood at lockwoodc@michigan.gov

For federal guidelines regarding documenting vaccines, visit: www.aimtoolkit.org

To request access to MCIR, visit: www.mcir.org

To order immunization record cards, visit: www.healthymichigan.com

Offering All Age-Appropriate Vaccines

It is important to consider offering all age-appropriate vaccines for the populations you serve. Community vaccinators play a critical role in vaccinating Michigan's hard-to-reach populations, such as adolescents. Utilizing all available age-appropriate vaccines ensures that community vaccinators never miss an opportunity to immunize and are therefore playing a critical role in protecting us all from vaccine-preventable diseases. Familiarize your organization with the recommended and catch-up immunization schedules for children, adolescents, and adults, created by CDC, and whenever possible, offer the broadest range of vaccines recommended for the populations your organization serves.

Referrals should be made for those populations that your organization does not serve, as well as for other needed vaccines not available through your clinics. Sample [referral posters](#) are available to help facilitate this process. Free vaccine education sessions on infant and early childhood, older child and adolescent, and adult immunizations are available through the INE program.

To request an immunization education INE session for your staff, contact Carlene Lockwood at lockwoodc@michigan.gov

ACIP Immunization Schedules are available at: www.aimtoolkit.org

Timing & Coordination of Clinics

It is imperative that community vaccinators covering and serving similar geographic regions and populations work together to coordinate their vaccination clinics. At the very least, community vaccinators should be aware of the dates and times of other organizations' clinics. If your organization does not vaccinate certain target populations (such as pregnant women, older adults, and children), you should be able to [refer those populations](#) to organizations who will serve them, in order to best protect all of Michigan's residents from vaccine-preventable diseases. It is vital to communicate with your [local health department](#) and to coordinate efforts with them.

A Special Note on Flu Vaccination: Peak flu activity most often occurs in January or later, therefore community vaccinators should offer flu vaccine starting in the fall and lasting throughout the winter months. Though it varies, flu season can last until May. Materials on [extending the influenza season](#) are available at: www.michigan.gov/flu. A [timeline](#) outlining influenza vaccination season is also available.

Programs and Resources

Flu Advisory Board (FAB)

The purpose of the Flu Advisory Board (FAB) is to enhance communication during the flu season by deploying appropriate resources in a timely manner and making rapid decisions about flu vaccine supply. FAB is comprised of nearly 100 members representing public and private health including nursing associations, health systems, health plans, private medical practice, health advocacy groups, and local public health departments.

Inquiries regarding FAB membership should be made to Courtney McFeters at mcfetersc@michigan.gov

Influenza Vaccine Exchange Network (IVEN)

The Influenza Vaccine Exchange Network (IVEN) can be used to post and search for surplus or needed influenza vaccine inventory. Threads posted on the IVEN discussion board are to be used by licensed physicians, their staff, LHD officials, Visiting Nurses Association (VNA) members, home health care agencies, pharmacy staff, nursing homes, hospitals, and other health care or vaccine providers.

To request access to IVEN, contact MCIR staff at www.mcir.org

Immunization Nurse Education (INE) Programs

These nationally recognized immunization education programs are available free of charge to immunization providers. Education sessions are presented by nurses from the state or local health departments who are knowledgeable in immunization practices. CME and nursing continuing education hours are available. All sessions are free of charge and can be brought to you, at a location and time convenient for your staff. INE sessions include: Vaccine Management - Storage and Handling, Vaccine Administration, Documentation, Pediatric and Adult Influenza Update, Infant and Early Childhood Immunization Update, Older Children and Adolescent Immunization Update, Adult Immunization Update, OB/GYN Immunization and Vaccines across the Lifespan

To request an INE program for your staff, contact Carlene Lockwood at lockwoodc@michigan.gov

Alliance for Immunization in Michigan (AIM)

AIM is a non-profit, all-volunteer coalition of healthcare professionals, professional organizations and agencies that provide and promote immunizations across the life span. The AIM Provider Toolkit is a resource guide containing the most current standards of practice, forms, and vaccination methodologies for immunization in Michigan.

Inquiries regarding AIM membership should be made to JoEllen Wolicki at wolickij@michigan.gov

Visit the AIM Toolkit online at: www.aimtoolkit.org

Vaccines for Children (VFC) Program

Currently, pharmacies are not eligible to become VFC providers in the state of Michigan. The VFC program is an entitlement program, offering vaccines to babies and children through 18 years of age, who are on Medicaid, do not have health insurance, are American Indian or Alaskan Native, or are under-insured. Pharmacies cannot serve as VFC providers, as they are not considered the “medical home” for these patients.

For information on the VFC program, visit: www.michigan.gov/immunize